

STATE CDBG CLOSE-OUT REPORT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

1. Grantee: _____ 2. Project Number: _____
3. Address of Grantee: _____
4. Persons Completing this Report: _____
5. Number of citizen's written comments during grant period: _____

If applicable, attach: **(a)** copy of each written citizen comment on the CDBG project performance which was received during the grant period; **(b)** the grantee's assessment of the comment; and **(c)** a description of any action taken or to be taken in response to the comment, as required by Section 104(d) of the Housing and Community Development Act of 1974, as amended, and by 24 CFR 570.

6. The grantee's authorized official representative certifies that:
- a. The data in this Report is true and correct as of the date noted below.
 - b. The records described in 24 CFR Part 570 are being maintained and will be made available upon request.
 - c. Federal assistance made available under the CDBG program is not being utilized to substantially reduce the amount of local financial support for community development activities below the level of such support prior to the start of the CDBG project being reported here.

7. Typed Name of Authorized Representative: _____ Typed Title of Authorized Representative: _____

8. Signature of Authorized Representative: _____ Date: _____